IS BIORESONANCE THE 21ST CENTURY'S NEW MEDICINE?

by Michael E. Godfrey, MBBS, FACNEM

Introduction

The 17th-century French philosopher Descartes so influenced Western scientific medical thinking that nothing is now generally acceptable by allopaths that cannot be measured or proved according to established Cartesian principles. All biological responses were supposedly linked to a "lock-and-key" principle, where reactions could only occur following specific physical stimuli. This became even more entrenched over the past decades with the emphasis on a pharmaceutical treatment for every illness.

However, a surprising Internet report earlier this year [2004] concerning the USA government's research into anti-terrorism revealed that research was underway to investigate whether cellphones could be adapted to detect the "resonance" of anthrax spores in the air. The report stated that every protein apparently has its own unique resonance. If this is so, it tends to give credence to what homoeopaths have maintained for over two centuries, namely that tinctures and milk tablets could be somehow imprinted with a potentised memory of a herb, mineral or compound. Their therapies were experiential, albeit physically unprovable.

The exact mechanism whereby homoeopathic remedies supposedly exert their effect has been incomprehensible when tested under orthodox criteria. This included the supposed fact that a resonance or a "memory" can linger on in a solution, long after any atoms of the substance have disappeared.

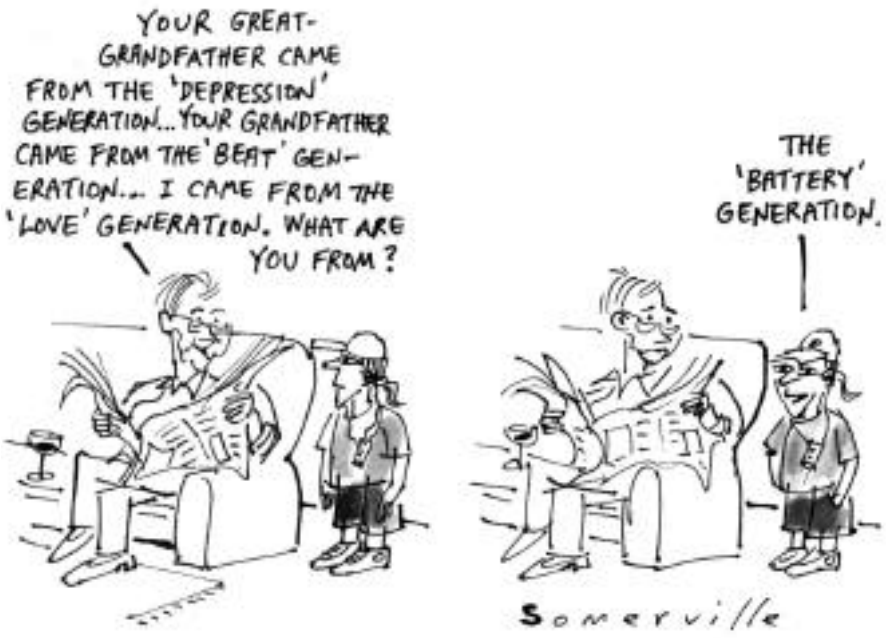
Dr Jacques Benveniste, a French scientist [now deceased], had a paper published in *Nature* [30 June 1988; 333:816-8], demonstrating that water could indeed retain the memory of a substance that could be effectively used to treat allergies. The editor, not understanding Benveniste's methodology, denigrated his paper, with the latter suffering considerable professional harm as a consequence. However, he was able to continue his research with a greatly reduced budget, and in March 1999 presented his findings at Cambridge University's Cavendish Physics Laboratory to a hall full of scientists, including Sir Andrew Huxley, past president of the Royal Society, and the physicist Professor Brian Josephson, both Nobel laureates. The audience was therefore presumably able to appreciate his presentation.

Benveniste initially demonstrated that the physiological effect of adrenaline on biological receptors does not have to wait until the blood carried the hormone to them under the so-called lock-and-key mechanism. The effect occurred instantaneously or at the "speed of light", affecting all the receptors due to an adrenaline resonance permeating the body fluids.

Benveniste then described how he took samples of adrenaline, nicotine and caffeine, and sequentially placed them on the input plate of an electronic instrument generically referred to as an "electro-acupuncture according to (Professor) Voll" (EAV) instrument, that could read the supposed resonance of the substance. The instrument was connected to his computer's modem and the "resonance" emailed to a colleague's computer. The transmitted resonance was downloaded, transmitted into a similar instrument and then "imprinted" into water on the EAV output plate. The water was given to living subjects who reacted as if they had been respectively given adrenaline, nicotine or caffeine. Furthermore, he demonstrated that the emailed resonance of heparin could influence the clotting of stored blood.

Although Benveniste's landmark research requires independent replication, it should not be forgotten that our ability to store the resonance of transmitted sound, let alone video, on a piece of ribbon or a disc was still science fiction when many of us were children. Analysis of the ribbon or metal disc would not reveal any evidence of what was supposedly imprinted on it, as an instrument capable of detecting those resonances is required.

It does not take a very large leap in comprehension to realise that water with



homoeopathically potentised substances stored in it is just another storage medium, and that the body consisting mainly of water also has the potential to store disharmonic resonances of toxic substances.

EAV proponents (including German academics and investigative hospital physicians) can demonstrate that these resonances are identifiable via acupuncture points. Additional proof of the latter's existence, if needed, has come from Russian astronautical medical instruments that make the acupuncture points glow pink with ionic discharges during therapy (now even available for private purchase).

Academic bias and other constraints may preclude such investigation, but independent practitioners should not necessarily be denigrated and ostracised merely because of their clinical curiosity and willingness to step "outside the circle" of the current paradigm. Their use of these pejoratively described "black boxes" is due to the latter being the only present means of detecting toxic substances at otherwise undetectable but clinically relevant levels.

Electrodermal screening (EDS)

EDS has now generally replaced EAV as the defining terminology for the use of bio-resonance instruments to identify disharmonic resonances in the body. EAV, as originally described by Professor Reinhold Voll, has been practised for several decades and several reviews have been published over the years.[1]

The majority of EDS instruments (VEGA, MORA, Biotron, etc.) still depend on a low-voltage stress being transmitted through an acupuncture point and the subsequent monitoring of the effect of inserting a test ampoule of a known substance into the circuit. However, newer instruments, such as Medtronic's Performance 2001, are able to measure directly the acupuncture meridian nanoamperes without the need for any external stressors.

Practitioners can either make large collections of test ampoules from standard homoeopathic remedies and test kits supplied by commercial companies, or invest in the increasingly sophisticated digitally recorded computerised versions.

Unfortunately, there is a major potential source of error with EDS systems, as the testing procedure involves the pressurised application of a probe to the skin. The latter varies considerably as regards thickness and moisture, let alone the exact position of the acupuncture point and the angle and speed of approach. There is thus considerable scope for error and proper training (and practice) is essential, something that has been much easier to obtain in Europe.

However, when properly used, EDS has the unique ability to identify the presence of allergens and other toxic substances, which is still impossible by any other means.[2] The resonances of these substances would be no more complex than those of Benveniste's adrenaline, caffeine, nicotine or heparin, and thus equally transmissible.

Case 1

A three-year-old girl started experiencing severe, irrational tantrums with uncontrollable screaming lasting for some minutes. The episodes started suddenly and without any apparent cause. Medical attempts to help were ineffective until EDS was undertaken. Within a few minutes, she was found to have a strong reaction to solvents, and questioning revealed that she had been using felt-tipped colouring pens at her pre-school and at home. Subsequent challenge confirmed the underlying cause and no further episodes occurred after changing to water-based pens.

Case 2

A six-year-old girl had been suffering from chronic hair loss for most of her life, despite all attempts by allopathic physicians to find a cause and treat it. When seen, she had very little remaining hair and was quite distressed. EDS identified a lead toxicity and questioning confirmed potential exposures from previous lead-based paint renovations in her home. Treatment with DMSA, an oral lead chelator, combined with other antioxidants, resulted in the regrowth of a full head of curly hair, as subsequently shown in the New Zealand *Women's Weekly* magazine.

Case 3

A middle-aged Auckland accountant presented with a six-year history of severe chronic fatigue, usually developing by 10 am and lasting all day. Initial EDS was directed at the likelihood of "sick building" substances, e.g., formaldehyde, etc., without any success. Further testing eventually identified a strong resonance from pentachlorophenol, a highly toxic chemical used in timber treatment. Questioning confirmed that he had developed a deer farm six years earlier and had handled the fence posts at that time. A single treatment was given, using an ampoule of homoeopathic PCP 200C on the input plate of the MORA Super instrument with direct transmission into the patient via the hand pieces over a few minutes. The single treatment was curative and has, so far, lasted for over five years.

Case 4

A middle-aged woman, suffering from chronic migraines requiring on average 1–2 pethidine injections a month over several years, was identified by EDS as possibly

having adverse effects from oral galvanism due to numerous amalgam fillings. The migraine headaches ceased following removal of all amalgam and had not returned during the following eight years.

Case 5

A 36-year-old woman had been suffering from severe grand mal epilepsy from the age of 12 and, despite being on maximum doses of three anti-epileptic medications, was still having at least one seizure a week. EDS revealed significant foci at all four third-molar sites. X-ray revealed that all four unerupted wisdom teeth were growing horizontally in large cysts. Following surgical removal and thorough debridement of the cysts, her grand mal epilepsy ceased and all medication was stopped, apart from a small dose of phenobarbitone that appeared to control a recurrent aura. The seizures had not returned during the five years of follow-up before she left for Australia.

Case 6

A patient involved in ostrich breeding brought a blood sample in from a prized male breeding bird that was apparently nearly moribund. The veterinarians had tried various treatments, including antibiotics and steroids, to no avail. The blood sample was placed on the input plate of the MORA Super and an inverted remedy imprinted into 30 mL of 20% ethanol/filtered water using a standard MORA program. A few drops of the "remedy" were then given to the bird every hour. Within a few hours, the bird regained its feet and began feeding. It subsequently resumed breeding and has remained healthy.

Discussion

Application of Einstein's equation $E = mc^2$ to matter shows that matter can be created from energy, changed back into energy and changed by energy. Matter has also been scientifically defined and shown to be no more than standing-wave fields. The latter are essentially identical to self-organised patterns created in sand or salt particles by vibrating the plate on which they have been placed, or the same effect in suspended emulsified particles in water when exposed to certain harmonic frequencies (see the website http://www.Cymatics. com).

At a quantum level, all living organisms including man can be shown to be made of evolving fractal constructs with many biological subsystems as part of an underlying holographic universe. These systems have the ability to self-assemble as well as the ability to receive, transduce and transmit electromagnetic, acoustic, mechanical and other forms of vibrations. These vibrations are specific for every substance and can be either beneficial (harmonic) or detrimental (disharmonic) to the receiving organism. Disharmonic vibrations create distortion of the physical extra-cellular matrix and, ultimately, disease (dis-ease).

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A distorting resonance can persist for many years and even pass holographically, combined with the DNA spiral, into subsequent generations (e.g., homoeopathic "miasms"). Identification of the resonance and accurate appropriate treatment with the equivalent of the computerised mirror-image, as used in industry to eliminate noise, appears to be able to restore harmony.

The first two cases objectively demonstrate that EDS can have a unique ability to identify the sometimes subtle toxicities that can result in severe effects. The third case could initially be regarded as due to placebo. However, although the patient had apparently been highly sceptical of any benefit at the time, as reported a month after the first appointment, he then revealed that he had noticed a significant and sustained return of his previous energy within days of the treatment.

Apart from the Piper chronic fatigue symptom questionnaire,[3] there is no scientific measurement for chronic fatigue as it is a highly subjective experience and all too frequently disparaged by doctors. However, it is a very real and debilitating condition for those who are affected.

The last case demonstrated electronic "autosanguis" therapy, a widely prescribed therapy in German clinics, where a few drops of a patient's blood is potentised in the syringe with a homoeopathic injectable and re-injected. It certainly could not be merely dismissed as a placebo response, unless the bird needed the alcohol for energy. It could be surmised that there had been an accumulation of possibly organophosphate toxic resonances and the electronic antidote was then made from the blood sample. Notably, Medtronic and other EDS system manufacturers recommend including body fluids as part of the input during the preparation of remedies.

Energy originates at a mitochondrial level, involving glucose, ADP and ATP, and electrons. It could be simply described as mitochondrial production of electrons or electricity from glucose. Thus the elimination of toxic substances (or their resonances) which could be impairing mitochondrial function would logically improve cellular function. These xenobiotics include toxic metals as well as solvents.

Over 1,000 New Zealand patients with chronic fatigue, depression and short-term memory loss have so far been successfully identified by EDS, and the majority already treated for what has been confirmed as chronic micro-mercurial poisoning from their dental amalgam fillings. The latter's clinical diagnoses have been further validated with a recent paper confirming mercury from amalgam as a potential cause of Alzheimer's senile dementia.[4]

Dr Claudia Miller presented a new syndrome at the 1997 Massey Marjorie Gordon Memorial Seminar, "Chemical Sensitivity at Work in Medicine".[5] Miller's "toxicant-induced loss of tolerance" (TILT) syndrome perfectly addressed the problem facing allopaths, where the paradigm focuses on a single agent causing a specific condition and nothing else. According to the TILT concept, a combination of different xenobiotic toxins can cause a given symptom, e.g., chronic fatigue. The "mix" can vary from person to person with a common end-result.

In this regard, EDS is the only practical and potentially effective diagnostic device that can rapidly and non-invasively identify a given individual's underlying toxicants

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and even the hierarchy of toxins. Without this, the health practitioner is frequently reduced to making intelligent guesses, referred to as differential diagnoses, which then involve further laboratory tests or referral to a specialist for the part of the body that appears to be mainly affected. All this involves greater costs for both the individual and the State.

Notably, the vast majority of the chronically fatigued patients who were subsequently confirmed as having mercury toxicity by the author and colleague had been symptomatic for many years and had been seen by numerous doctors who had requested a variety of frequently expensive and inappropriate tests. They had invariably failed to make the correct diagnosis due to the general lack of awareness of heavy metal toxicities in the medical profession from professorial level down to general practice, compounded by an inability to do the necessary investigations.

Conclusion

EDS appears to be an effective investigational tool that can rapidly determine otherwise undetectable causes of illness. The devices are still difficult to use and require considerable dexterity and practice. However, newer German instruments coupled to computer databases may well soon provide more replicable and user-friendly devices. Both the health professions and their patients would significantly benefit from a wider inclusion of this modality into medical practice. ∞

Endnotes

1. Tsuei, J.J. Guest editorial: "Eastern and Western Medical Paradigms and the Challenges of Integration" (guest editorial), *J. Adv. Med.* 1999; 12(1):5-11.

2. Tsuei, J.J., Lehman, C.W., Lam, F. et al., "A food allergy study utilizing the EAV acupuncture technique", *Am. J. Acup.* 1984; 112:105-116

3. Piper, B.F., Dribble, S.L., Dodd, M.J. et al., "The revised Piper Fatigue Scale: psychometric evaluation in women with breast cancer", *Oncol. Nursing Forum* 1998; 25:667-684

4. Godfrey, M.E., Wojcik, D.P. and Krone, C.A., "Apolipoprotein E genotyping as a potential biomarker for mercury neurotoxicity", *J. Alzheimer's Disease* 2003; 5:189-195

5. Miller, C., Ashford, N., Doty, R. et al., "Empirical Approaches for the Investigation of Toxicant-induced Loss of Tolerance", *Environ Health Perspectives* 1997; 105(2):515-519

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Editor's Note:

The above article first appeared in *Journal of the Australasian College of Nutritional and Environmental Medicine*, vol. 23, no. 1, April 2004, pp. 2-11; see http://www.acnem.org/journal/23-1_april_2004/bio-resonance.htm.

An article by Dr Jacques Benveniste, "From Water Memory to Digital Biology", was published in NEXUS vol. 6, no. 5.